

TAB

SECRET

PROJECT SUPPORT STAFFING RECORD

Project _____
Case Officer _____

Division or Staff _____
Branch _____

Support Element	Support Staffing Required		Support Staffing Accomplished		Support Annex	
	No	Yes		Date	Not Required	Attached
Comptroller						
Budget Division						
Finance Division						
Office of Training						
Office of Logistics						
Office of Communications						
Office of Security						
Medical Staff						
Office of Personnel						
Office of General Counsel						
TSS						
(Other - Specify)						

Support staffing is complete

Date _____ Chief of Admin - Staff or Division

Date _____ Chief of Branch

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